MAR 2 3 2007



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Date	March 23, 2007	Total Pages: 8 including cover sheet	
То:	U.S. Patent and Trademark Office		
Attn.:	Examiner: D. WHITE; Art Unit 3745		
Facsimile No.:	(571) 273-8300		
From:	Thomas E. KOCOVSKY, Jr.		
Re:	US Ser. No. 10/517,113; Filed 12/3/2004 (LYBZ 2 00090)		

FAX COVER SHEET

COMMENTS

8 pp:

1 pp Fax Cover Sheet

2 pp Amendment Transmittal Letters

5 pp Amendment C

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AMENDMENT TRANSMITTAL LETTER

		Attorney Docket No. LYBZ 2 00090
Serial No.: 10/517,113	Filed: December 3, 2004	Examiner: D. WHITE
Group Art Unit: 3745 Confirmation: 3128	Invention: EVACUATING DEVICE	E

To the Commissioner For Patents:

Transmitted herewith is an AMENDMENT C in the above-identified application. The fee has been calculated as shown below.

		CL	AIMS AS AMENDE	D		
	Claims remaining after amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Rate
Total Claims	5	Minus	20		\$ 50	\$ 0.00
Indep. Claims	4	Minus	4	-	\$200	\$ 200.00

\boxtimes	No additional claims fee is required.
	An additional fee in the amount of \$\frac{\structure{\st\suteq \su}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
\boxtimes	Please charge any additional fees or credit overpayment to Deposit Account No. 06-0308 A duplicate copy of this sheet is enclosed.
\boxtimes	Applicants hereby request any additional extensions of time that may be necessary and authorize the extension of time fees to be charged to Deposit Account No. 06-0308.

Respectfully submitted,

Thomas E. Kocovsky Reg. No. 28,383

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CERTIFICATE OF FAXING

I hereby certify that these AMENDMENT TRANSMITTAL LETTER (x2); AMENDMENT C; and PTO-2038 in connection with U.S. Patent Application Serial No. 10/517.113 are being transmitted to facsimile number (571) 273-8300 on this 23 day of March, 2007.

AMENDMENT TRANSMITTAL LETTER

MAR 2 3 2007

AIVIENDIVIENT TRAINS.		Attorney Docket No. LYBZ 2 00090		
Serial No.: 10/517,113	Filed: December 3, 2004	Examiner: D. WHITE		
Group Art Unit: 3745 Confirmation: 3128	Invention: EVACUATING DEVICE	E		

To the Commissioner For Patents:

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		CL	AIMS AS AMENDE	ED	,	
	Claims remaining after amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rete	Additional Rate
Total Claims	5	Minus	20	-	\$ 50	\$ 0.00
Indep. Claims	4	Minus	4		\$200	\$ 200.00

\boxtimes	No additional claims fee is required.
	An additional fee in the amount of \$\frac{\\$}{}\$ is due for Payment is authorized to be charged to a Credit Card. The applicants enclose an appropriate form PTO-2038 for this purpose.
\boxtimes	Please charge any additional fees or credit overpayment to Deposit Account No. 06-0308. A duplicate copy of this sheet is enclosed.
\boxtimes	Applicants hereby request any additional extensions of time that may be necessary and authorize the extension of time fees to be charged to Deposit Account No. 06-0308.

Respectfully submitted,

FAY SHARPE LLP

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